

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90245 029 ***150.00

DOCUMENT # P00000014617

1. Entity Name
WARGA ENTERPRISES, INC.



Principal Place of Business
2775 SUNNY ISLES BLVD
SUITE 118
NORTH MIAMI BEACH FL 33160

Mailing Address
2775 SUNNY ISLES BLVD
SUITE 118
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0984817

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, BARRY A
2775 SUNNY ISLES BLVD
SUITE 118
NORTH MIAMI BEACH FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WARGA, JAMES L	
STREET ADDRESS	2242 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNKER, ALBERT HENRY JR	
STREET ADDRESS	5515 N CORTE DE CATALONIA	
CITY-ST-ZIP	TUCSON AZ 85718	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNKER ROTH, SUSAN	
STREET ADDRESS	PO BOX 509	
CITY-ST-ZIP	PARK CITY UT 84060	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNKER BURGESS, LINDA	
STREET ADDRESS	11 FAIRWAY DRIVE	
CITY-ST-ZIP	KENNEBUNK ME 04043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

James L. Warga
SIGNATURE REQUIRED JAMES L. WARGA, PRESIDENT

(305) 932-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #